

Exhibit D



VISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

(Please type or print in ink)

(See reverse side of this form for instructions.)

20 01 DLN

A. 1 Taxpayer's Name ASIA ENTERPRISES INC.	C. 1. Taxpayer's Identification Number 66-0458813	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input checked="" type="checkbox"/>
A. 2 Doing Business As WONDERFUL MARKET & LAUNDRY	C. 2. Identification No. Used Previous Quarter	W DATE
A. 3 Mailing Address P.O. Box 503448 Saipan, MP 96950	D. Quarter Ended Dec. 31, 2001	
A. 4 BUSINESS FORM <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> NON-PROFIT ORGANIZATION	E. Telephone Number(s) 670 234-9415	
H. LOCATION OF BUSINESS <input checked="" type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS. Susupe (Indicate Village)	I. ACTIVITIES: <input checked="" type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SHOP <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL (UNITS) <input type="checkbox"/> TAILORING SHOP <input checked="" type="checkbox"/> SERVICES Bldg Maintenance <input type="checkbox"/> OCEAN SHIPPING <input checked="" type="checkbox"/> OTHER(S): Laundry	

(Specify each separately)

COMPUTATION OF TAX AND OTHER CHARGES		FOR OFFICIAL USE ONLY
TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31		33,150.00
TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30		14,579.00
TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30		59,076.00
TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31		57,319.00
TOTAL OF LINES 1, 2, 3, AND 4.		164,124.00
LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)		
GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)		
TAX ON AMOUNT SHOWN ON LINE 7		164,124.00
TAX ALLOCATED PREVIOUS QUARTER(S)		4,103.10
TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)		2,670.13
TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.		1,432.97
TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus line 11, if any)		1,432.97
ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR		
ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)		
EDUCATION TAX CREDIT AVAILABLE THIS QUARTER		
EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)		0
TAX AFTER CREDIT. (line 12 minus line 13d)		1,432.97
PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.)	16a (10%)	
	15b (-1%)	
INTEREST CHARGES. (If payment is made after the deadline, complete this line.)		
TOTAL DUE (Add lines 14, 15a, 15b and 16)	PAY THIS AMOUNT	1,432.97

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct:

for *Dark Room Inn*
 Kim, Hang Kwon
 Name (Typed) and Signature

President

Title

Jan. 15, 2002

Date

PREPARED BY ONLY	Preparer's Signature	Date:	Preparer's SSN	TIN
	Firm's Name	Mailing Address:		

FOR OFFICIAL USE ONLY

AMOUNT	Account No.	Account No.	Account No.
PAID	Amount	Amount	Amount
RECEIVED BY	RECEIPT NO.	RECEIVED BY	POST MARK
INPUT BY	INPUT BY	INPUT DATE	01519



DIVISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



**BUSINESS GROSS REVENUE TAX QUARTERLY RETURN
SCHEDULE OF GROSS INCOME BY ACTIVITY**

(Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name ASIA ENTERPRISES INC.	C. 1. Taxpayer's Identification Number 66-0458813
B. Doing Business As 	C. 2. Identification No. Used Previous Quarter
E. Type(s) Of Activity Engaged In (If Activity is "SERVICES", Specify Each Type Separately)	D. Quarter Ended Dec. 31, 2001
1. Market-Retail General Mdse	F. Gross Revenue Derived From Each Activity
2. Laundry Mart	44,685.00
3. Building Maintenance	8,134.00
4.	4,500.00
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL GROSS REVENUE	\$ 57,319.00

INSTRUCTIONS - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of the owner for sole proprietorship, partnership, or corporations/association name.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C.1. Enter your Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C.2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filing this schedule.
- E. List EACH type of activity that you engaged in; if for "services", identify each type separately, e.g., accounting, consulting domestic or tour services, etc.
- F. Enter the Gross Revenue derived for each activity listed in Item E.
- G. Do not write in this space.

01520

CNMI Tax System Release 6.0
Commonwealth of the Northern Mariana Islands
Commonwealth Treasury
P.O. Box 5234 OHRB
Saipan, MP 96950

Date Entered: 1/31/2002

OFFICIAL CASH RECEIPT

Receipt No.: 00000000

Received from: Asia Enterprises Incorporated
P.O. BOX 503448 CK
SAIPAN, MP 969500000

Entered ID #: 660458813 Date: 1/31/2002 7:38:30 Received By: NMV

Account to Account(s):

Office Revenue Trx BY
660458813 05-31056 2001 4
Asia Enterprises Incorporated

1000.40110

Account(s) Tended:

Check 101501 0032020933

TOTAL

1,472

*** KEEP THIS RECEIPT FOR YOUR RECORDS ***

01521



VISION OF REVENUE AND TAXATION COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS

BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

(Please type or print in ink)

(See reverse side of this form for instructions)

20/02

DIEN

A. 1. Taxpayer's Name ASIA ENTERPRISES INC.		C. 1. Taxpayer's Identification Number (TIN) 66-0458813	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/>
A. 2. Doing Business As		C. 2. TIN previously reported, if different from above	
B. Mailing Address P.O. Box 503448CK		D. Quarter Ended 12/31/2002	E. Telephone Number(s) 235-6638
Saipan, MP 96950		DATE _____	

G. BUSINESS FORM:			H. LOCATION OF BUSINESS	I. ACTIVITIES:
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS.	<input checked="" type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SHOP <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL UNITS <input type="checkbox"/> TAILORING SHOP <input checked="" type="checkbox"/> SERVICES <u>laundromat</u> <input type="checkbox"/> OCEAN SHIPPING <input type="checkbox"/> OTHER(S): _____
			Susupe (Indicate Village)	(Specify each activity)

COMPUTATION OF TAX AND OTHER CHARGES

FOR OFFICIAL
USE ONLY

1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.		43,424.00
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.		42,449.00
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.		44,300.00
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.		56,564.00
5. TOTAL OF LINES 1, 2, 3, AND 4.		186,737.00
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)		
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)		186,737.00
8. TAX ON AMOUNT SHOWN ON LINE 7.		4,668.43
9. TAX ALLOCATED PREVIOUS QUARTER(S).		3,254.33
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)		1,414.10
11. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.		
12. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus line 11, If any)		1,414.10
13a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR		
13b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)		
13c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER		
13d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)		0
14a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See Instructions)		0
14b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		
14c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		
15. TAX AFTER CREDIT. (line 12 minus lines 13d and 14a)		1,414.10
16. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.)	16a (10%)	
	16b (- 1%)	
17. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)		
18. TOTAL DUE (Add lines 15, 16a, 16b and 17)	PAY THIS AMOUNT	1,414.10

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

Park, Hwa Sun Park Han Don

Secretary

01/03/2003

Name (Typed) and Signature

Title

Digitized

PAID PREPARER'S USE ONLY	Preparer's Signature:	Date:	Preparer's SSN:	TIN:
	Firm's Name:	Mailing Address:		

FOR OFFICIAL USE ONLY			
Account No.:	Account No.:	Account No.:	Account No.:
Amount:	Amount:	Amount:	Amount:
DATE PAID:	RECEIPT NO.:	RECEIVED BY:	POST MARK:
VERIFIED BY:	INPUT BY:	INPUT DATE:	01531



DEPARTMENT OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



BUSINESS GROSS REVENUE TAX QUARTERLY RETURN
SCHEDULE OF GROSS INCOME BY ACTIVITY

Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name ASIA ENTERPRISES INC.		C. 1. Taxpayer's Identification Number (TIN) 66-0458813		
B. Doing Business As		C. 2. TIN previously reported, if different from above		
		D. Quarter Ended 12/31/2002		
E. 1. Activity Code	E. 2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1. 6611	Retail-market	45,239.00		
2. 7503	Laundromat--	11,325.00		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
TOTAL GROSS REVENUE		\$ 56,564.00		

INSTRUCTIONS - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C.1. Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use on reporting CNMI Taxes).
- C.2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filling this schedule.
- E.1. Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E.2. Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F. Enter the Gross Revenue derived for each activity listed in Item E.1 or E.2.
- G. Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H. DO NOT WRITE IN THIS SPACE.

01532

UHM Tax System Webpage Est.
Commonwealth of the Northern Mariana Islands
Commonwealth of Treasury
P.O. Box 5234 CNIB
Saipan, MP 96950

OFFICIAL CASH RECEIPT

Received Date: 1/31/2003

Receipt No.: 0032013294

Amount From: Asia Enterprises Incorporated
P.O. BOX 503448 CK
SAIPAN, MP 969500000

Trans ID: 660458813 Date: 1/31/2003 7:54:19 Received By: RR

Account(s):

101501 1000 40110 1000 40110

RECEIVED - 03-3105G - 2002 40110

Asia Enterprises Incorporated

Amount Tendered:

101501 0032013294

TOTAL:

*** KEEP THIS RECEIPT FOR YOUR RECORDS ***

01533



DEPARTMENT OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

(Please type or print in ink)

(See reverse side of this form for instructions)

20_03

DLN

A. 1. Taxpayer's Name ASIA ENTERPRISES INC.		C. 1. Taxpayer's Identification Number (TIN) 66-0458813		F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/>
A. 2 Doing Business As		C. 2. TIN previously reported, if different from above		
B. Mailing Address P.O. Box 503448 Saipan, MP 96950		D. Quarter Ended Dec. 31, 2003		
		E. Telephone Number(s) 235-4321		
G. BUSINESS FORM: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> NON-PROFIT ORGANIZATION				
H. LOCATION OF BUSINESS <input type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS. <small>(Indicate Village)</small>				
I. ACTIVITIES: <input type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> TAILORING SHOP <input type="checkbox"/> SERVICES <input type="checkbox"/> OCEAN SHIPPING <input type="checkbox"/> OTHER(S)				
(Specify each separately)				

J COMPUTATION OF TAX AND OTHER CHARGES

	FOR OFFICIAL USE ONLY
1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.	84,105.00
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.	83,584.00
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.	136,270.00
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.	0
5. TOTAL OF LINES 1, 2, 3, AND 4.	303,959.00
6. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)	0
7. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)	303,959.00
8. TAX ON AMOUNT SHOWN ON LINE 7.	9,118.77
9. TAX ALLOCATED PREVIOUS QUARTER(S).	9,118.77
10. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)	0
11. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY.	0
12. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus line 11, if any)	0
13a. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR	0
13b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)	0
13c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER	0
13d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)	0
14a. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See Instructions)	0
14b. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	0
14c. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM	0
15. TAX AFTER CREDIT. (line 12 minus lines 13d and 14a)	0
16. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line.) <i>i.e.,</i>	16a (10%) 16b (1%)
17. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)	0
18. TOTAL DUE (Add lines 15, 16a, 16b and 17)	0
	PAY THIS AMOUNT

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

Park, Hwa Sun

Secretary

01/12/2004

Date

Name (Typed) and Signature

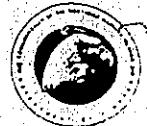
PAID PREPARER'S USE ONLY	Preparer's Signature:	Date:	Preparer's SSN:
			TIN: 00026
Firm's Name:	Mailing Address:		

FOR OFFICIAL USE ONLY

Account No:	Account No:	Account No:	Account No:
Amount:	Amount:	Amount:	Amount:
DATE PAID:	RECEIPT NO.:	RECEIVED BY:	POST MARK:
VERIFIED BY:	INPUT BY:	INPUT DATE:	



DIVISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



BUSINESS GROSS REVENUE TAX QUARTERLY RETURN
SCHEDULE OF GROSS INCOME BY ACTIVITY

(Please type or print in ink) This schedule must be attached to Form OS-3105

A. Taxpayer's Name ASIA ENTERPRISES INC.	C. 1. Taxpayer's Identification Number (TIN) 66-0458813			
B. Doing Business As	C. 2. TIN previously reported, if different from above			
	D. Quarter Ended Dec. 31, 2003			
E. 1. Activity Code	E. 2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1. 6611	Retail Store	0		
2. 7503	Laundromat	0		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
TOTAL GROSS REVENUE		\$ 0		

INSTRUCTIONS - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A. Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".
- C. 1. Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation, or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C. 2. Enter your Federal Employer I.D. Number used in previous quarter.
- D. Enter the quarter ended for which you are filing this schedule.
- E. 1. Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E. 2. Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F. Enter the Gross Revenue derived for each activity listed in Item E.1. or E.2.
- G. Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H. DO NOT WRITE IN THIS SPACE.

00027



DIVISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



BUSINESS GROSS REVENUE TAX QUARTERLY RETURN

Please type or print in ink)

(See reverse side of this form for instructions)

20 04 DLN

A. 1 Taxpayer's Name ASIA ENTERPRISES INCORPORATED		C. 1 Taxpayer's Identification Number (TIN) 66-0458813	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED <input type="checkbox"/>
A. 2 Doing Business As		C. 2 TIN previously reported, if different from above	DATE
B. Mailing Address P.O. Box 503448, Saipan, MP 96950		D. Quarter Ended 12/31/2004	
E. CHECK IF AMENDED: <input type="checkbox"/> CONSOLIDATED <input type="checkbox"/> ORIGINAL		E. Telephone Numbers 233-4321	

G. BUSINESS FORM:		H. LOCATION OF BUSINESS <input checked="" type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS. C.K. (Indicate Village)	I. ACTIVITIES: <input type="checkbox"/> RETAILING <input type="checkbox"/> LAND LEASE <input type="checkbox"/> BARBER/BEAUTY SALON <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> HOUSE RENTAL (UNITS) <input type="checkbox"/> TAILORING SHOP <input checked="" type="checkbox"/> SERVICES Maintenance <input type="checkbox"/> OCEAN SHIPPING <input checked="" type="checkbox"/> OTHER(S) Poker
-------------------	--	---	--

J. COMPUTATION OF TAX AND OTHER CHARGES		(Specify each separately)	
TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31		FOR OFFICIAL USE ONLY	
TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30		0	
TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30		0	
TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31		22,200.00	
TOTAL OF LINES 1, 2, 3, AND 4.		20,620.00	
E. LESS REVENUE NOT SUBJECT TO TAX. (attach detailed statement of explanation)		42,820.00	
F. GROSS REVENUE SUBJECT TO TAX. (line 5 minus line 6)		42,820.00	
G. TAX ON AMOUNT SHOWN ON LINE 7.		642.30	
H. TAX ALLOCATED PREVIOUS QUARTER(S). Current year only		333.00	
I. TAX ALLOCATED THIS QUARTER. (line 8 minus line 9)		309.30	
ENTER AMOUNT PAID THIS QUARTER FROM FORM 500-BGRT-BWH.			
J. TAX (OVERPAID) FROM PREVIOUS QUARTERS, IF ANY			
K. TAX DUE (OVERPAYMENT) THIS QUARTER. (line 10 minus lines 11 and 12, if any)		309.30	
L. ENTER AMOUNT OF EDUCATIONAL CASH CONTRIBUTIONS MADE THIS YEAR			
M. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)			
N. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER			
O. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)			
P. OVERPAYMENT CREDIT FROM FORM 1120CM OR 1040 CM, IF ANY. (See instructions)		0	
Q. ENTER YEAR OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM		0	
R. ENTER TYPE OF RETURN FOR WHICH CREDIT WILL BE APPLIED FROM			
S. TAX AFTER CREDIT. (line 13 minus lines 14d and 15e)		309.30	
T. PENALTY CHARGE (If return is filed and paid after the deadline, complete this line)		17a (10%) 17b (1%)	
U. INTEREST CHARGES. (If payment is made after the deadline, complete this line.)			
V. TOTAL DUE (Add lines 16, 17a, 17b and 18)		PAY THIS AMOUNT 309.30	

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

DROP RETURN

Dale Ida Sun		Secretary	Revenue and Taxation	01/07/2005
Name (Typed) and Signature		Date:	Collection SVC	Date
FAC PREPARER'S USE ONLY		Preparer's Signature:	Preparer's SSN:	
Firm's Name:		Mailing Address:	Received By:	
RECEIVED BY:		FOR OFFICIAL USE ONLY		
Account No:		Account No:	Date:	Account No:
Amount:		Amount:		Amount:
DATE PAID:		RECEIVED BY:		POST MARK:
VERIFIED BY:		INPUT BY:	INPUT DATE:	
Form 08-3105 (Rev. 1/2004)				



DIVISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



BUSINESS GROSS REVENUE TAX QUARTERLY RETURN
SCHEDULE OF GROSS INCOME BY ACTIVITY

Please type or print in ink) This schedule must be attached to Form OS-3105

A Taxpayer's Name ASIA ENTERPRISES INCORPORATED		C. 1. Taxpayer's Identification Number (TIN) 66-0458813		
B Doing Business As		C. 2. TIN previously reported, if different from above		
		D. Quarter Ended 12/31/2004		
E. 1. Activity Code	E. 2. Specify activity if code is not listed	F. Gross Revenue Derived From Each Activity	G. Check (✓) if activity is final for this quarter	H. FOR OFFICIAL USE ONLY
1 6618	Buy & Sell Used Items	0		
2 7402	House Rental	7,200.00		
3 7510	Maintenance(Bldg)	9,000.00		
4 7510	Appliance Repair Shop	0		
5 8000	Amusement Center:Poker	4,420.00		
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
TOTAL GROSS REVENUE		\$ 20,620.00		

INSTRUCTIONS - The information provided on this schedule must be the same as its corresponding part on Form OS-3105.

- A** Enter the name of owner for sole proprietorship, partnership, corporation, or association.
- B** Enter the name(s) under which the taxpayer operates as; e.g. "John.Doe's Restaurant".
- C. 1.** Enter the Taxpayer Identification Number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation or at the Social Security Administration. (NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes).
- C. 2.** Enter your Federal Employer I.D. Number used in previous quarter.
- D** Enter the quarter ended for which you are filing this schedule.
- E. 1** Enter the code (listed on the reverse side of this page) of the type of business activity the gross revenue is derived from.
- E. 2.** Specify the business activity the gross revenue is derived from if such activity code is not listed.
- F** Enter the Gross Revenue derived for each activity listed in item E.1. or E.2.
- G** Place a check mark (✓) if the business activity is final for the quarter. (For example, the retail activity of your business has ceased during the quarter and will not continue this activity in subsequent quarters.)
- H** DO NOT WRITE IN THIS SPACE.

1G

1L
AN

PERFECT FOR YOUR REGISTERED LETTERS

01551